IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	Atty		-604-703	FACSIMILE CERTIFICATE
	Dkt.	7 .4	P 4 TF	I hereby certify that this Amendment
VEECH Dichard I	TC/ALL	C#	M#	is being transmitted by facsimile to the Patent and Trademark Office on
VEECH, Richard L.	TC/A.U.	1614	• • • •	June 19, 2007, specifically to 571-
Serial No. 10/734,586	Examiner:	_		273-8300.
Filed: December 15, 2003	Date:	June '	19, 2007 RECE	INFO (O
Title: THERAPEUTIC COMPOSITIONS (II)			HEUL FINGETHAN	AX CENTER / D/LL
		,		/ Signature
Commissioner for Patents P.O. Box 1450			JUN	g 2007 Leonard C. Mitchard Reg. No. 29,009
Alexandria, VA 22313-1450				No. of pages transmitted (including this cover sheet): / 4 pages
Sir:				,
	RESPONSE/AN			
This is a response/amendment/letter in the incorporated by reference and the signature signature thereon.				the attachment in the absence of any other
☐ Correspondence Address Ind	ication Forn	n Atta	ched.	
Fees are attached as calculated below:				`
Total effective claims after amendment previously paid for 20 (at least		highes x \$50.0	t number 00	\$0.00 (1202)/\$0.00 (2202) \$
Independent claims after amendment previously paid for 3 (at least 3)		highes x \$200	t number .00	\$0.00 (1201)/\$0.00 (2201) \$
If proper multiple dependent claims now a	dded for first tin	ne, (ign	ore imprope	er); add
Petition is hereby made to extend the curre	ent due date so	as to	cover the fili	\$360.00 (1203)/\$180.00 (2203) \$ ing date of this
paper and attachment(s)	One Two M Three M Four	Month Ionth Elonth El Ionth El	n Extension Extensions \$ xtensions \$ Extensions	\$120.00 (1251)/\$60.00 (2251) \$450.00 (1252)/\$225.00 (2252) 1020.00 (1253/\$510.00 (2253) \$1590.00 (1254/\$795.00 (2254) \$2160.00 (1255/\$1080.00 (2255) \$ 450.00
Terminal disclaimer enclosed, add				\$130.00 (1814)/ \$65.00 (2814) \$
Applicant claims "small entity" status.	☐ Statemer	nt filed	herewith	. , , , , , ,
	_			\$180.00 (1806) \$ 0.00
Rule 56 Information Disclosure Statement	Filling Fee			, , ,
Assignment Recording Fee				\$40.00 (8021) \$ 0.00
Other:				\$ 0.00
			· •	TOTAL FEE \$ 450.00
CREDIT CARD PAYMENT F				•
The Commissioner is hereby authorized to asserted to be filed, or which should have I firm) to our Account No. 14-1140. A duplic	oeen filed here\	with (or	with any pa	aper hereafter tiled in this application by this
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Arlington, Virginia 22203-1808	Ву	Atty: L	eonard C. N	Mitchard, Reg. No. 29,009
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				16/28/2007 TL0111 00000009 10734586
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